

**FHLBank Topeka  
Confirmation Request**

**Customer Details**

CustID:  Name:

City:  State

Any questions regarding this request should be directed to:

Contact Name:

Phone Number:

**Confirmation Details**

A standard confirmation package includes balances on all accounts, plus detailed listings of all advances, lines of credit, letters of credit, derivatives, certificates of deposit and securities held in safekeeping.

Additional information requested:  
(optional)

Provide the requested information as of the close of business on:   
and release the requested information directly to:

Type:

Name

Address

City  State  Zip Code

Fax (optional):

**Authorization**

In order to process your request, we must have a signed release by an authorized representative as listed on the Credit Resolution, Wire Transfer Authorization, etc.

\_\_\_\_\_  
Authorized Signature

Date:

**Instructions**

If you have any questions, please contact Linda Hersh in the Internal Audit department at 785.438.6025.

Please complete this form and:

- fax to the attention of the Internal Audit department at 785.234.1717, **OR**
- mail to:

**FHLBank Topeka  
Attn: Internal Audit  
P.O. Box 176  
Topeka, KS 66601-0176**